



PHYSICIAN'S STATEMENT OF DISABILITY

State Form 10692 (R4 / 5-99)

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
402 West Washington St., Room W273
Indianapolis, IN 46204

NOTE TO APPLICANT: This form is to be returned to the Division of Fish and Wildlife by the applicant with the Special Permit for Persons with Disabilities Hunter application. A Statement of Disability is required only once if the disability is of a permanent nature. This form will be returned to the applicant if all applicable sections are not fully completed.

NOTE TO PHYSICIAN: The Indiana Department of Natural Resources may issue a special permit for the taking of wildlife by an individual who has a disability of such a nature that it is difficult or impossible for him to be in a position to take wildlife unless given special consideration. For the purpose of special disability hunting permits, a person is disabled if he or she has a physical impairment due to injury or disease, congenital or acquired. Generally, permits are issued to hunt from a vehicle for persons who cannot walk or have great difficulty in walking, and/or to hunt with a crossbow for persons who cannot use a regular bow. This form will be returned to the applicant if all applicable sections are not fully completed.

PLEASE TYPE OR PRINT

Name of doctor		Telephone number
Address (number and street, city, county, state, ZIP code)		
Name of applicant		Date of birth (month, day, year)
Address (number and street, city, county, state, ZIP code)		
This is to certify that _____ has been under my professional care since _____ for the following (check one) <input type="checkbox"/> permanent <input type="checkbox"/> temporary disability		
Describe completely:		
Please complete all applicable sections below.		
A. Cardiovascular conditions		
Describe walking limitations without pain or shortness of breath.		
Describe upper body movement limitations without pain.		
What restrictions does the applicant have performing normal daily activities?		
If known, what is the American Heart Association's Heart Disease classification? (check one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Post Chest Surgery	When was the applicant's surgery? (month, day, year)	Are there any unusual circumstances causing pain? (please explain)

B. Pulmonary conditions

Provide the results of any pulmonary function studies.

Provide specific details of limitations of activity, especially walking, without shortness of breath.

What restrictions does the applicant have performing normal daily activities?

Describe any upper body limitations of activity or strength.

C. Neurological conditions

Describe walking limitations (*especially in terms of terrain and/or distance*).

Is an assistive device needed to help the applicant walk? (*please describe*)

Does the applicant use a wheelchair for ambulation?

☐

Yes

☐

No

☐

Part time

☐

Full time

Describe any upper body limitations of activity or strength.

D. Arthritic conditions

What type of arthritis?

What joints are affected?

If the upper body is affected, what is the range of motion, in degrees, of the joint(s)?

Describe upper body movement limitations without pain.

If lower body is affected, how well can the applicant walk (*especially in terms of terrain and distance*)?

What restrictions does the applicant have performing normal daily activities?

E. Amputations/Orthopedic conditions	
1. Amputations	
Indicate the nature and extent of the amputation(s).	
What, if any, prosthetic devices does the applicant have?	
If a lower limb amputation is involved, how does it affect the applicant's walking ability (<i>especially in terms of terrain and distance</i>)?	
Does the applicant use a wheelchair?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part time <input type="checkbox"/> Full time	
2. Orthopedic conditions	
Describe any walking limitations (<i>especially in terms of terrain and distance</i>).	
Describe any upper body strength and/or movement limitations.	
F. Other	
If the extent of applicant's physical limitations (<i>upper body strength/movement, walking ability</i>) cannot be described above, please explain here.	
If the applicant is not applying to hunt with a crossbow or from a vehicle, please provide a medical justification for applicant's requested method of hunting.	
Signature of physician	Date signed